

ABSTRACT

BACKGROUND AND OBJECTIVES

Solitary nodule of the thyroid of discrete thyroid swelling is a common clinical entity and the incidence increases with age.

About half of the patients with palpable nodular goitre are diagnosed as multinodular goitre. The importance of this clinical entity is that 10-20% of solitary nodules of the thyroid could be malignant.

The approach to thyroid nodule management is a selective one, utilizing continually Improving diagnostic techniques to reliably identify patients with malignancy and certain benign conditions that require surgery thereby avoiding unnecessary thyroidectomy for all nodules.

A potentially curable cancer normally presents as a thyroid nodule and thereby the study of a solitary nodule gains importance.

The main objectives of this study is To find the epidemiology, role of fine needle aspiration cytology & The incidence of malignancy in solitary nodule of the thyroid.

METHODS

All patients admitted with a solitary nodule of the thyroid. Excluding

Patients with severe comorbid illness and those with regional lymph adenopathy. A total of 100 consecutive patients with solitary nodule of the thyroid admitted were evaluated clinically, biochemically, radiologically and

cytologically. The patients underwent Hemithyroidectomy and the histopathology of the excised specimens were studied to evaluate the incidence of malignancy.

RESULTS

Solitary nodule of the thyroids are common in third decade of life, females are more commonly affected than male, incidence of malignancy found to be more common in male who were in age group from 21 – 50yrs. Most common clinical symptoms swelling and most common post operative complication is hypothyroidism seen in 10% of cases. Retrospective comparison with Histopathology of excised specimen revealed a false negative report in FNAC in detecting malignancy in 16 cases of malignant nodules.

CONCLUSION

Solitary nodule of the thyroid was found to be more common in young and middle aged patients. AMONG WHICH IT IS 8 times more common in females than males. Majority of the solitary nodule were dominant nodules of a multinodular goiter. In the individuals admitted with solitary nodule of thyroid and managed by hemithyroidectomy, the incidence of malignancy was 16%. Fine needle aspiration cytology, now considered as the gold standard diagnostic test in the evaluation of a thyroid nodule revealed false negative report in 16 patients in this study. Ultra sonogram and nuclear scans are also useful tests, but are best used in conjunction with fine needle aspiration cytology.

Solitary nodule of the thyroid is a common entity whereas malignancy although rare needs a selective approach for further management and follow up.